

DFW

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. BAF-14802/29	
Applicant(s): Ferree						
Application No. 10/657,914	Filing Date 09/09/2003	Examiner P. Prebilic	Customer No. 25006	Group Art Unit 3738	Confirmation No. 5106	
Invention: BIORESORBABLE COMPONENTS AND METHODS FOR SPINAL ARTHROPLASTY						
<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"><div style="text-align: center;">PIPE DEC 28 2004 PATENT & TRADEMARK OFFICE</div></div> COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0 x	\$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div> <div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div>						
<div style="text-align: right; margin-right: 50px;"><i>Signature</i></div> <div>John G. Posa Reg. No. 37,424 Gifford, Krass, Groh 280 N. Old Woodward Ave. Suite 400 Birmingham, MI 48009 Tel. 734/913-9300</div>			<div>Dated: Dec. 21, 2004</div> <div style="border: 1px solid black; padding: 5px;"><div>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on Dec. 21, 2004</div><div style="text-align: center;"><div>(Date)</div><div></div><div>Signature of Person Mailing Correspondence</div></div><div style="text-align: center;"><div>Sheryl L. Hammer</div><div>Typed or Printed Name of Person Mailing Correspondence</div></div></div>			
CC:						



GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 280 N. OLD WOODWARD AVENUE, STE. 400, BIRMINGHAM, MICHIGAN 48009-5394 (248) 647-6000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ferree

Serial No.: 10/657,914

Group No.: 3738

Filed: Sept. 9, 2003

Examiner: P. Prebilic

For: BIORESORBABLE COMPONENTS AND METHODS FOR SPINAL ARTHROPLASTY

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed September 21, 2004, please amend the above-referenced application as follows: